with the excitement of the City he goes crazy" (17). Irritated by their sarcasm, McBride asserts that "we are not going to build a hospital for the benefit of the Province of Ontario" (17).

While city and provincial officials revert to the paradigms of Daniel Clark and lose the mentally ill in a legal and jurisdictional quarrel, Colonel Primrose, the representative of the Toronto Academy of Medicine fares no better by merely invoking the pitiable suffering of "these poor people who are least able to help themselves, who are mentally unfit, who are sick folk, etc." (18). He concludes that the whole problem comes down to an injustice, but when the Provincial Secretary blandly asks "what injustice do you refer to" he pointlessly replies "the injustice ... to the sick." One would hope that his point was that justice had been lost sight of in a quarrel over legality. Whatever it really was, in the context of urgent problems it seems ridiculous, another invocation of madness with embarassing implications for sanity.

At any rate Primrose's "point" seems to have reminded everyone that they really were getting nowhere, with an urgent problem to solve. His intervention seems to have facilitated a kind of pause or a transition to "experts" including Dr. Myers, founder of the Nervous Ward of the Toronto General Hospital, and C.K. Clarke, then Medical Director of the Canadian National Institute for Mental Hygiene. It is clear that both men differ not only with each other but also with the Provincial Secretary over the objectives of the Reception Hospital.

Myers, with his neurological orientation, argues vigorously for an institution closely integrated with the General Hospital, not only for the education of staff but also for the education of the public "that these are people suffering from a physical sickness" (22). He believes that the province should subsidize patients on a per diem basis, as it would save for every patient prevented from going insane. However Clarke now opposes further integration with the General Hospital, in favour of a separate institution. He too exploits the figure of the person in the street, rendered all the more pathetic as a woman, "a poor old person whose brain happened to be affected by its arteries, or something like that" (27), who would presumably be better off at his clinic with its "research laboratories and all the other laboratory essentials in the modern treatment of this class of patient" (30). It is interesting that Clarke chose, as the typical beneficiary of his facility, someone -- a chronic patient, a case of senile dementia -- who would not have gone there, but to the Asylum.